

Electronic Filing Instructions for your 2018 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Laura M Mattiace
186 Locust Street, Apt. PVT
Floral Park, NY 11001

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$1,753.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return
2018 Federal Tax Return Summary	Adjusted Gross Income \$ 55,937.00 Taxable Income \$ 43,937.00 Total Tax \$ 5,560.00 Total Payments/Credits \$ 7,313.00 Amount to be Refunded \$ 1,753.00 Effective Tax Rate 9.94%

Tax History Report

► Keep for your records

2018

Name(s) Shown on Return

Laura M Mattiace

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status	Single	Single	Single	Single	Single
Total income	17,846.	32,249.	48,693.	54,172.	55,937.
Adjustments to income					
Adjusted gross income	17,846.	32,249.	48,693.	54,172.	55,937.
Tax expense	575.	1,388.	2,372.	2,733.	2,891.
Interest expense . . .					
Contributions				100.	
Misc. deductions . . .					
Other itemized ded'n's					
Total itemized/ standard deduction . .	6,200.	6,300.	6,300.	6,350.	12,000.
Exemption amount . .	3,950.	4,000.	4,050.	4,050.	0.
QBI deduction					
Taxable income	7,696.	21,949.	38,343.	43,772.	43,937.
Tax	768.	2,828.	5,328.	6,635.	5,560.
Alternative min tax . .					
Total credits					
Other taxes					
Payments	1,824.	4,144.	7,190.	8,394.	7,313.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund	1,056.	1,316.	1,862.	1,759.	1,753.
Effective tax rate % . .	4.30	8.77	10.94	12.25	9.94
**Tax bracket %	10.0	15.0	25.0	25.0	22.0

**Tax bracket % is based on Taxable income.

Healthcare Entry Sheet

► Keep for your records

2018

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
 - not covered by employer
 - months not covered by an exemption

Note: The 1095-A information must be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

The box at the top, "Everyone on the tax return was covered by health insurance all year" was checked. The covered all 12 months for each individual below will be checked regardless of the information entered on the Personal Information and Dependent Nondependent Information worksheets.

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

Completion checkbox:

Check this box once you are finished with all the healthcare related entries.

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2018

Line 11a

► Keep for your records

Name(s) Shown on Return Laura M Mattiace	Social Security Number 125-80-1511
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- 1 Enter the amount from Form 1040, line 10 1 43,937.
- 2 Enter the amount from Form 1040, line 3a 2 590.
- 3 Are you filing Schedule D?
 Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- 3 _____
 No. Enter the amount from Schedule 1, line 13.
 4 Add lines 2 and 3 4 590.
- 5 If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- 5 0.
- 6 Subtract line 5 from line 4. If zero or less, enter -0- 6 590.
- 7 Subtract line 6 from line 1. If zero or less, enter -0- 7 43,347.
- 8 Enter:
 \$38,600 if single or married filing separately,
 \$77,200 if married filing jointly or qualifying widow(er),
 \$51,700 if head of household. 8 38,600.
- 9 Enter the smaller of line 1 or line 8 9 38,600.
- 10 Enter the smaller of line 7 or line 9 10 38,600.
- 11 Subtract line 10 from line 9 (this amount taxed at 0%) 11 0.
- 12 Enter the smaller of line 1 or line 6 12 590.
- 13 Enter the amount from line 11 13 0.
- 14 Subtract line 13 from line 12. 14 590.
- 15 Enter:
 \$425,800 if single,
 \$239,500 if married filing separately,
 \$479,000 if married filing jointly or qualifying widow(er),
 \$452,400 if head of household. 15 425,800.
- 16 Enter the smaller of line 1 or line 15 16 43,937.
- 17 Add lines 7 and 11 17 43,347.
- 18 Subtract line 17 from line 16. If zero or less, enter -0- 18 590.
- 19 Enter the smaller of line 14 or line 18 19 590.
- 20 Multiply line 19 by 15% (0.15) 20 89.
- 21 Add lines 11 and 19 21 590.
- 22 Subtract line 21 from line 12 22 0.
- 23 Multiply line 22 by 20% (0.20) 23 0.
- 24 Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. 24 5,471.
- 25 Add lines 20, 23, and 24 25 5,560.
- 26 Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. 26 5,603.
- 27 **Tax on all taxable income.** Enter the **smaller** of line 25 or line 26 here and on Form 1040, line 11a. 27 5,560.

Tax Payments Worksheet

2018

► Keep for your records

Name(s) Shown on Return Laura M Mattiace	Social Security Number 125-80-1511
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Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/17/18		04/17/18			04/17/18		
2 06/15/18		06/15/18			06/15/18		
3 09/17/18		09/17/18			09/17/18		
4 01/15/19		01/15/19			01/15/19		
5							
6							
7							
8 Tot Estimated Payments							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2018					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2018 extensions					

Taxes Withheld From:	Federal		State		Local	
10 Forms W-2	7,313.		2,850.			
11 Forms W-2G						
12 Forms 1099-R						
13 Forms 1099-MISC, 1099-K and 1099-G						
14 Schedules K-1						
15 Forms 1099-INT, DIV and OID						
16 Social Security and Railroad Benefits						
17 Form 1099-B	St	Loc				
18 a Other withholding	St	Loc				
b Other withholding	St	Loc				
c Other withholding	St	Loc				
d Positive Adjustment	St	Loc				
e Negative Adjustment	St	Loc				
f Additional Medicare Tax						
19 Total Withholding Lines 10 through 18f	7,313.		2,850.			
20 Total Tax Payments for 2018	7,313.		2,850.			

Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2017 extensions				
22 2017 estimated tax paid after 12/31/2017				
23 Balance due paid with 2017 return	41.	NY		
24 Other (amended returns, installment payments, etc)				

Federal Carryover Worksheet

2018

► Keep for your records

Name(s) Shown on Return Laura M Mattiace	Social Security Number 125-80-1511
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2017 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			2,712.	41.		
Totals . .			2,712.	41.		

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2017 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2017 State Taxes Due Information

(a) State	(e) Paid With Return
NY	41.

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	2,712.	

2017 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Laura M Mattiace

125-80-1511

Other Tax and Income Information		2017	2018
1 Filing status	1	1 Single	1 Single
2 Number of exemptions for blind or over 65 (0 - 4)	2		
3 Itemized deductions	3	2,833.	2,891.
4 Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Adjusted gross income	5	54,172.	55,937.
6 Tax liability for Form 2210 or Form 2210-F	6	6,635.	5,560.
7 Alternative minimum tax	7		
8 Federal overpayment applied to next year estimated tax	8		

[QuickZoom to the IRA Information Worksheet for IRA information](#) ►

Excess Contributions		2017	2018
9 a Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b Spouse's excess Archer MSA contributions as of 12/31	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a Taxpayer's excess HSA contributions as of 12/31	11 a		
b Spouse's excess HSA contributions as of 12/31	b		
Loss and Expense Carryovers		2017	2018
Note: Enter all entries as a positive amount			
12 a Short-term capital loss.	12 a		
b AMT Short-term capital loss	b		
13 a Long-term capital loss	13 a		
b AMT Long-term capital loss	b		
14 a Net operating loss available to carry forward	14 a		
b AMT Net operating loss available to carry forward	b		
15 a Investment interest expense disallowed	15 a		
b AMT Investment interest expense disallowed	b		
16 Nonrecaptured net Section 1231 losses from:	a b c d e f	2018 . . . 2017 . . . 2016 . . . 2015 . . . 2014 . . . 2013 . . .	16 a b c d e f
17 AMT Nonrecap'd net Sec 1231 losses from:	a b c d e f	2018 . . . 2017 . . . 2016 . . . 2015 . . . 2014 . . . 2013 . . .	17 a b c d e f

Laura M Mattiace

125-80-1511

Credit Carryovers			2017	2018
18 General business credit		18		
19 Adoption credit from:	a 2018	19a		
	b 2017	b		
	c 2016	c		
	d 2015	d		
	e 2014	e		
	f 2013	f		
20 Mortgage interest credit from:	a 2018	20a		
	b 2017	b		
	c 2016	c		
	d 2015	d		
21 Credit for prior year minimum tax		21		
22 District of Columbia first-time homebuyer credit		22		
23 Residential energy efficient property credit		23		

Other Carryovers			2017	2018
24 Section 179 expense deduction disallowed		24		
25 Excess foreign housing deduction:	a Taxpayer (Form 2555, line 46)	25a		
	b Taxpayer (Form 2555, line 48)	b		
	c Spouse (Form 2555, line 46)	c		
	d Spouse (Form 2555, line 48)	d		

Charitable Contribution Carryovers

26 2017 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
	(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a 2017					
b 2016					
c 2015					
d 2014					
e 2013					

27 2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
	(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a 2018					
b 2017					
c 2016					
d 2015					
e 2014					

28 Amount overpaid less earned income credit. 1,759.

2017 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Laura M Mattiace
Primary SSN: 125-80-1511

Federal Return Submitted: March 26, 2019 12:53 PM PDT
Federal Return Acceptance Date:

Your return was electronically transmitted on 03/26/2019

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Electronic Filing Instructions for your 2018 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



LAURA M MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

Balance Due/ Refund	Your New York state tax return (Form IT-201) shows a balance due of \$32.00. Mail your completed Form IT-201-V with included payment made payable to the New York State Income Tax by April 15, 2019. Make sure you sign your check and write the last four digits of your social security number and "2018 Income Tax" on the check. You can also pay your balance due by credit card. For more information, go to www.tax.ny.gov/pay/all/wells_fargo_card_payment_information.htm .								
No Signature Document Needed	No signature form is required since you signed your return electronically.								
What You Need to Mail	Your return shows a balance due of \$32.00. Mail your completed Form IT-201-V with included payment of \$32.00 made payable to New York State Income Tax by April 15, 2019 to: Mail to: NYS PERSONAL INCOME TAX PROCESSING CENTER PO BOX 4124 BINGHAMTON, NY 13902-4124 Do not mail Form IT-201-V with payment until your return has been ACCEPTED for electronic filing by the New York State Department of Taxation and Finance. However, if your return still hasn't been accepted by the due date, don't wait. Go ahead and mail in Form IT-201-V with your payment.								
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns								
2018 New York Tax Return Summary	<table><tbody><tr><td>Taxable Income</td><td>\$ 50,480.00</td></tr><tr><td>Total Tax</td><td>\$ 2,882.00</td></tr><tr><td>Total Payments/Credits</td><td>\$ 2,850.00</td></tr><tr><td>Payment Due</td><td>\$ 32.00</td></tr></tbody></table>	Taxable Income	\$ 50,480.00	Total Tax	\$ 2,882.00	Total Payments/Credits	\$ 2,850.00	Payment Due	\$ 32.00
Taxable Income	\$ 50,480.00								
Total Tax	\$ 2,882.00								
Total Payments/Credits	\$ 2,850.00								
Payment Due	\$ 32.00								



Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

IT-201-V

(12/18)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your social security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the *City* box, and the **full** country name in the *Country* box. Enter the postal code, if any, in the *ZIP code* box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

Cut here ▶

REV 10/18/18 TTW

STOP: Pay this electronically on our website.

Department of Taxation and Finance

Payment Voucher for Income Tax Returns



IT-201-V

(12/18)

Tax year (yyyy) 2018	Make your check or money order payable in U.S. funds to New York State Income Tax . Be sure to write the last four digits of your SSN, the tax year, and Income Tax on your payment.		
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Your first name and middle initial LAURA M	Your last name (<i>for a joint return, enter spouse's name on line below</i>) MATTIACE	Your full SSN 125801511
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (<i>only if filing a joint return</i>)
Mailing address 186 LOCUST STREET		Apartment number PVT
City, village or post office FLORAL PARK		ZIP code 11001
E-mail: GMATTIAW@GMAIL.COM		

Dollars **32** Cents **.00**
Payment amount



0401181555 125801511 7

For office use only



Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ...

18

and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your social security number
LAURA	M	MATTIACE		10061992	125801511
Spouse's first name	MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 14) (number and street or PO box)				Apartment number	New York State county of residence
186 LOCUST STREET				PVT	NASSAU
City, village, or post office		State	ZIP code	Country (if not United States)	
FLORAL PARK		NY	11001	FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)				Apartment number	School district name
					FLORAL PARK-BELLEROSE
					School district code number 195
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
		NY		Decedent information	

A Filing status

- (mark an X in one box):
- ① Single
 - ② Married filing joint return
(enter spouse's social security number above)
 - ③ Married filing separate return
(enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2018 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

**H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your social security number
125801511

Federal income and adjustments (see page 16)

- 1 Wages, salaries, tips, etc.
- 2 Taxable interest income
- 3 Ordinary dividends
- 4 Taxable refunds, credits, or offsets of state and local income taxes (*also enter on line 25*)
- 5 Alimony received
- 6 Business income or loss (*submit a copy of federal Schedule C or C-EZ, Form 1040*)
- 7 Capital gain or loss (*if required, submit a copy of federal Schedule D, Form 1040*)
- 8 Other gains or losses (*submit a copy of federal Form 4797*)
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box ...
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (*submit copy of federal Schedule E, Form 1040*)

- 12 Rental real estate included in line 11 **12** .00
- 13 Farm income or loss (*submit a copy of federal Schedule F, Form 1040*)
- 14 Unemployment compensation
- 15 Taxable amount of social security benefits (*also enter on line 27*)
- 16 Other income (see page 16) *Identify:*

- 17 Add lines 1 through 11 and 13 through 16
- 18 Total federal adjustments to income (see page 16) *Identify:*

- 19 **Federal adjusted gross income** (*subtract line 18 from line 17*)

Whole dollars only

1	55347 .00
2	.00
3	590 .00
4	.00
5	.00
6	.00
7	.00
8	.00
9	.00
10	.00
11	.00
12	.00
13	.00
14	.00
15	.00
16	.00
17	55937 .00
18	.00
19	55937 .00

New York additions (see page 17)

- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments)
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)
- 22 **New York's** 529 college savings program distributions (see page 17)
- 23 Other (Form IT-225, line 9)
- 24 Add lines 19 through 23

20	.00
21	2543 .00
22	.00
23	.00
24	58480 .00

New York subtractions (see page 18)

- 25 Taxable refunds, credits, or offsets of state and local income taxes (*from line 4*)
- 26 Pensions of NYS and local governments and the federal government (see page 18)
- 27 Taxable amount of social security benefits (*from line 15*)
- 28 Interest income on U.S. government bonds
- 29 Pension and annuity income exclusion (see page 19)
- 30 **New York's** 529 college savings program deduction/earnings
- 31 Other (Form IT-225, line 18).....
- 32 Add lines 25 through 31
- 33 **New York adjusted gross income** (*subtract line 32 from line 24*)



25	.00
26	.00
27	.00
28	.00
29	.00
30	.00
31	.00

32	.00
33	58480 .00

Standard deduction or itemized deduction (see page 21)

- 34 Enter your **standard deduction** (*table on page 21*) or your **itemized deduction** (*from Form IT-196*)
Mark an **X** in the appropriate box: Standard - or - Itemized
- 35 Subtract line 34 from line 33 (*if line 34 is more than line 33, leave blank*)
- 36 Dependent exemptions (*enter the number of dependents listed in item H; see page 21*)
- 37 **Taxable income** (*subtract line 36 from line 35*)

34	8000 .00
35	50480 .00
36	000.00
37	50480 .00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1 LAURA M MATTIACE	Your social security number 125801511
--	--

IT-201 (2018) Page 3 of 4
REV 12/03/18 TTW**Tax computation, credits, and other taxes**

38 Taxable income (from line 37 on page 2)	38	50480 .00
39 NYS tax on line 38 amount (see page 22)	39	2882 .00
40 NYS household credit (page 21, table 1, 2, or 3)	40	.00
41 Resident credit (see page 23)	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	2882 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	2882 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47 NYC taxable income (see instructions)	47	.00
47a NYC resident tax on line 47 amount (see page 23).....	47a	.00
48 NYC household credit (page 23)	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base....	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 26)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	.00

See instructions on
pages 23 through 26 to
compute New York City and
Yonkers taxes, credits, and
surcharges, and MCTMT.

**59 Sales or use tax (see page 27; do not leave line 59 blank)**

59	0 .00
----	-------

Voluntary contributions (see page 28)

60a Return a Gift to Wildlife	60a	.00	60o Veterans' Homes	60o	.00
60b Missing/Exploited Children	60b	.00	60p Love Your Library Fund	60p	.00
60c Breast Cancer Research	60c	.00	60q Lupus Fund	60q	.00
60d Alzheimer's Fund	60d	.00	60r Military Family Fund	60r	.00
60e Olympic Fund (\$2 or \$4)	60e	.00	60s CUNY Fund	60s	.00
60f Prostate Cancer	60f	.00			
60g 9/11 Memorial	60g	.00			
60h Volunteer Firefighting	60h	.00			
60i Teen Health Education	60i	.00			
60j Veterans Remembrance	60j	.00			
60k Homeless Veterans	60k	.00			
60l Mental Illness Anti-Stigma	60l	.00			
60m Women's Cancers Fund	60m	.00			
60n Autism Fund	60n	.00			
60 Total voluntary contributions (add lines 60a through 60s)	60	.00			
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	2882 .00			

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62 Enter amount from line 61

62

2882 .00

Payments and refundable credits (see pages 29 through 32)

63 Empire State child credit	63	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	2850 .00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75)

76 2850 .00

Your refund, amount you owe, and account information (see pages 33 through 35)

77 Amount overpaid (see instructions)	77	.00
78 Amount of line 77 available for refund (subtract line 79 from line 77)	78	.00
78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	.00

Mark one refund choice:	<input type="checkbox"/> direct deposit to checking or <input type="checkbox"/> savings account (fill in line 83) - or -	<input type="checkbox"/> paper check
79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions)	79	.00
80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.		
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34)	81	.00
82 Other penalties and interest (see page 34)	82	.00

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 34 for payment options.

80 32 .00

See page 37 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 35). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)	<input type="checkbox"/>
83a Account type: <input type="checkbox"/> Personal checking - or - <input type="checkbox"/> Personal savings - or - <input type="checkbox"/> Business checking - or - <input type="checkbox"/> Business savings	
83b Routing number	83c Account number
84 Electronic funds withdrawal (see page 35)	Date

Amount .00

Third-party designee? (see instr.)	Print designee's name	Designee's phone number	Personal identification number (PIN)
Yes <input type="checkbox"/> No <input type="checkbox"/>	E-mail:	()	

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Firm's name (or yours, if self-employed) SELF-PREPARED	Preparer's PTIN or SSN		
Address	Employer identification number		
		Date	
E-mail:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation CLERK	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (516) 488 7153
E-mail: GMATTIAW@GMAIL.COM	

See instructions for where to mail your return.

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Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

125801511

Box b Employer identification number (EIN)

412258087

Box 1 Wages, tips, other compensation

525.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a
NY State

N|Y

Box 16a NYS wages, tips, etc.

525.00

Other state information:

Box 15b
other state

| |

Box 16b Other state wages, tips, etc.

.00

NYC and Yonkers information (see instr.):

Locality a
Locality b

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

.00
.00.00
.00

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 Record

125801511

Box b Employer identification number (EIN)

146013200

Box 1 Wages, tips, other compensation

54822.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a
NY State

N|Y

Box 16a NYS wages, tips, etc.

54822.00

Other state information:

Box 15b
other state

| |

Box 16b Other state wages, tips, etc.

.00

NYC and Yonkers information (see instr.):

Locality a
Locality b

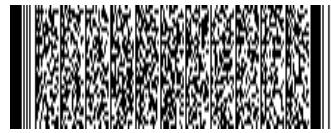
Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

.00
.00.00
.00

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Two-Year Comparison

2018

Name as Shown on Return <u>LAURA M MATTIACE</u>	Social Security No. <u>125-80-1511</u>		
	2017	2018	Difference
			%
Federal Adjusted Gross Income	54,172.	55,937.	1,765.
New York Additions			3.26
State and local interest income			
Public employee 414(h) retirement contributions	1,774.	2,543.	769.
New York's 529 college savings program distributions			43.35
Other New York additions			
Total New York Additions	1,774.	2,543.	769.
New York Subtractions			43.35
State tax refund			
Government pension exclusion			
Taxable social security benefits			
U.S. government interest income			
Pension and annuity income exclusion			
New York's 529 college savings program deductions/earnings			
Other New York subtractions			
Total New York Subtractions	55,946.	58,480.	2,534.
New York Adjusted Gross Income	55,946.	58,480.	2,534.
Standard or Itemized Deduction	8,000.	8,000.	0.
Dependent exemptions			0.00
New York Taxable Income	47,946.	50,480.	2,534.
New York State tax	2,753.	2,882.	129.
New York State nonrefundable credits			4.69
Other New York State taxes			
Total New York State taxes	2,753.	2,882.	129.
New York City taxes			4.69
Yonkers City taxes			
Use tax	0.	0.	0.
Voluntary gifts/contributions			
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	2,753.	2,882.	129.
Withholding	2,712.	2,850.	138.
Estimated tax payments, extension payment, and amount applied from prior year return			5.09
Refundable credits			
Total payments and refundable credits	2,712.	2,850.	138.
Underpayment penalty			5.09
Applied to next year's estimated tax			
Refund			
Balance Due	41.	32.	-9.
			-21.95